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SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

Eastern and Southern Africa

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted, with one exception, during 1996.

INTRODUCTION

1. In 1996, in the Eastern and Southern Africa region, there were mid-term reviews (MTRs) of the country programmes of Botswana, Kenya and Mozambique. These encompass a diverse range of situations. Mozambique is emerging from extended conflict and is one of the poorest countries in the world. Kenya has made considerable advances in economic and social development, but has been facing set-backs in recent years. Botswana, which has made rapid and sustained progress, faces continuing disparities and such new threats as HIV/AIDS. The three country programmes show similar variations in their original strategic focus, as approved by the Executive Board. As a result of the MTR, the Kenya programme of cooperation has undergone significant restructuring based on the recognition that the initial design was excessively fragmented and not conducive to high-quality management and outputs. The basic design and main strategic directions of the Mozambique programme of cooperation were confirmed by the MTR. The programme has shown some success in supporting national programmes in the

* E/ICEF/1997/8.

context of a move from emergency conditions to post-war rehabilitation. In Botswana, the country programme initially received considerably less funding than originally planned, while the Government completed a national programme of action (NPA) for children and ratified the Convention on the Rights of the Child. The MTR agreed that the programme should increase its focus on innovative pilot activities that will help the country to address some of the new challenges facing children.

2. The present report also describes selected recent evaluations of UNICEF-assisted programmes and activities. The selection has been made with the aim of illustrating the diversity of UNICEF evaluation work in support of both programme activities and the development of wider policies affecting children.

MID-TERM REVIEWS

Botswana

3. The Botswana MTR was held at the end of the second year of implementation, in November 1996, and was coordinated by the Ministry of Finance and Development Planning. With the support of United Nations agencies resident in Botswana, and non-governmental and donor partners, the opportunity was taken to refocus UNICEF assistance in line with the new NPA, the country strategy note (CSN), emerging constraints on resource availability and potentials for new partnerships. The last three years of the reformulated programme will coincide with the first phase of the Eighth National Development Plan, which is to start in 1997.

4. The situation of children and women. Expressed as national averages, trends in Botswana's basic social indicators largely meet the goals of the World Summit for Children. However, disaggregated national census data, published jointly by the Government and UNICEF in 1995, reveal extensive disparities between districts. The under-five mortality rate (U5MR) and maternal mortality rate (MMR), malnutrition, educational attainment and living conditions are markedly worse in rural areas, particularly in remote settlements. For example, the overall U5MR of 56 per 1,000 live births found by the 1991 census ranged, when disaggregated, from 38 in the capital city to 135 in the worst subdistrict.

5. In its NPA, covering the period to 2003, the Government has pledged not only to extend the earlier progress, but to reduce subnational disparities in the achievement of goals for children. This commitment was reinforced by Botswana's ratification of the Convention on the Rights of the Child in 1995. More broadly, the resolutions from recent global conferences have influenced the policy agenda for the forthcoming National Development Plan by renewing the emphasis on poverty reduction, decentralization and the pursuit of gender-responsive approaches. In 1996, the Government established national policies on women in development and on youth, and a major study was initiated on the causes of poverty.

6. Achievements and constraints during implementation. During the first two years of implementation, the programme supported the maintenance of high levels of basic health service coverage. Child immunization rates remained above 75 per cent and the use of antenatal facilities at around 95 per cent. In addition to social mobilization and communication, assistance was given to integrated health planning at district and facility levels. Baby- and mother-friendly hospital services were established and certified by the

Government in an initial six facilities. Major studies on the determinants of malnutrition and the extent of micronutrient deficiencies were finalized with support from UNICEF, while preparations were made for legislation on the iodization of salt. The NPA was finalized with UNICEF assistance. In basic education, the programme worked to build consensus on methods to address the needs of the estimated 17 per cent of school-age children who do not attend school. Partnerships were established with the private sector and non-governmental organizations (NGOs) for support to children in need of special protection.

7. Programme performance has been affected by the wider challenges facing Botswana in promoting the rights and welfare of its children. Chief among these is the spread of HIV/AIDS to an estimated 13 per cent of the total population. This will have devastating effects on young children, particularly through the loss of parents, and on adolescent girls. The high rate of teenage pregnancy, which often leads to girls dropping out of school, is a major problem in itself. Meanwhile, the slowing of economic growth and the continued high rate of population growth are creating financial difficulties for the Government in sustaining the present high coverage of basic services. The overall reduction of donor assistance to Botswana has significantly reduced the prospects that the $9 million in supplementary funding anticipated for the country programme will be realized. In 1995-1996, the programme experienced a shortfall of over 80 per cent in supplementary funding availability compared to planned levels, together with a significant reduction in general resources.

8. Assessment of strategies. The response of the Government to these growing societal and financial problems centres on improving the quality and relevance of basic services, while promoting higher productivity and cost-effectiveness in their delivery and management. There is recognition of the need both to reduce disparities in social outcomes and to adopt more participatory and geographically specific approaches if this is to be achieved. There are new efforts to involve all sections of society, including the growing private and non-governmental sectors, in the search for solutions to the increasingly complex development challenges facing Botswana.

9. In the context of these changes in national policies and expected continuing resource constraints, the UNICEF-supported programme will revise its strategy and plan of operations to achieve a clearer focus, a stronger set of priorities and substantial internal economies. As agreed by the MTR, this revision will be based on the NPA and CSN as the main points of reference and will use the Convention on the Rights of the Child as a guiding framework. The refocusing of the programme is based on an analysis of where UNICEF can best bring added value to development in Botswana. Specifically, this will be through support to the testing of innovative, often local approaches to problems facing children and adolescents, with the potential to assist national policy and programme design. A focus will be retained on severely disadvantaged groups and geographic areas. Private sector support for the NPA will be promoted. Overall, the programme will concentrate on a smaller number of high priority activities within a rationalized structure, with reduced overhead costs.

10. Specific revisions agreed by the MTR include the merging of two formerly separate programmes into a consolidated health and nutrition programme. This will place greater emphasis on communication on sexual and reproductive health issues among out-of-school youth as a complement to a major in-school health education project assisted by the United Nations Population Fund. Efforts will

also shift from the promotion of antenatal care to the improved management of obstetric emergencies, which are a major factor in maternal mortality. Support to better management of childhood illness will be provided in cooperation with the World Health Organization and the district health teams. The nutrition focus of the programme will move away from fragmented support for income-generating activities to the promotion of community-level planning in three disadvantaged districts. This will include participatory child growth monitoring and a sanitation and health education project funded by the Swedish International Development Authority.

11. The MTR recommended that the education programme be streamlined to focus on the two main groups of children who are excluded from access to schooling: teenage mothers and children living in remote areas. The first project would address existing practices related to the schooling of pregnant students by developing cost-effective methods for the reintegration of teenage mothers on a demonstration basis at one secondary school. The second project, to be supported by the Government of Norway and carried out in partnership with NGOs, will aim to improve instruction, preschool preparation and the boarding environment in schools serving remote populations.

12. The component of the social mobilization programme for the support of children in need of special protection measures will receive a higher profile as a distinct programme and will focus on developing options for the care of orphans and providing choices for street children. Using a pilot approach, the programme will draw on global experience in the registration of orphans and prospective foster parents. The original approach to street children based on advocacy will be extended through NGO and private sector partnerships to provide opportunities for skills training, apprenticeships, shelter and recreation. The social mobilization programme will continue its focus on popularizing the Convention on the Rights of the Child and the NPA, and will incorporate a major new project to encourage direct action in support of the NPA by private companies in areas such as child rights information, AIDS awareness and road safety. The Government will undertake a review of existing legislation related to children, and decentralization of the NPA will be promoted through the well-established district planning system.

13. Country programme management plan (CPMP). The CPMP has been modified to make the country programme more focused and cost-effective. The number of projects has been reduced from 19 to 12, and the complement of international staff is also being streamlined. These changes, together with computerization, have already resulted in considerable overhead savings. The supplementary funding target for the programme has been revised from $1.8 million per year to a more realistic annual level of $1.3 million. In line with the CSN, the overall management and monitoring of the programme will be undertaken by a new Strategic Management Committee established by the Government for all United Nations assistance in Botswana. Specific monitoring and evaluation activities will continue to be undertaken jointly by the relevant sectoral ministries and UNICEF. Evaluations during 1997-1999 will focus on documentation and analysis of the cost-effectiveness of the local-level innovations introduced to assist national policy formulation. The changes to the country programme and CPMP adopted through the MTR process are expected to better align UNICEF cooperation with the changing policy environment and resource conditions in Botswana.

Kenya

14. The Kenya MTR was shaped by lessons learned through implementation during the first half of the programme period, 1994-1998. The preparatory process began in February 1995, when the Government of Kenya and UNICEF jointly identified constraints to implementation. Multi-agency working groups, including donors, met regularly in early 1996 to assess the programme and develop recommendations. This work, which was coordinated by the Ministry of Planning and National Development, culminated in the MTR decision in May 1996 to restructure the programme. It became evident that the complex structure, with 13 programmes and 66 projects, was highly inefficient. The country office had experienced major operational difficulties characterized by a lack of proper accountability and coordination, as shown by a lengthy audit during this period.

15. The situation of children and women. Rapid changes in the domestic environment in Kenya also necessitated a refocusing of programme activities. Economic policy reforms included a reduction of subsidies, greater application of cost-sharing in education and health, and the elimination of most price controls. Whereas those measures were conducive to economic growth, they were also associated with some adverse effects on the poor. Child nutritional status and school enrolment and completion rates deteriorated during 1994-1995, and the U5MR remained stagnant at around 96 per 1,000 live births. In spite of increased budgetary allocations to the social sector and declining fertility rates, an estimated 57 per cent of the population remained below the poverty line. The number of children in need of special protection continued to rise, fueled by severe drought, internal migration and the spread of HIV/AIDS.

16. The first CSN in Kenya covers the period up to 1996. United Nations agencies are currently working on modalities for continued collaboration through the Government's Social Dimensions of Development programme. A National Development Plan was launched for the period 1997-2001, stressing new priorities in response to increased poverty. The MTR helped the Government and UNICEF to streamline the country programme in relation to those priorities and the changing situation of children. It also provided an opportunity to strengthen the focus on issues related to child rights and protection.

17. Achievements and constraints during implementation. During the 1994-1996 period of implementation, the programme helped to sustain national immunization rates of around 80 per cent. Within the health programme, the number of "baby-friendly" health institutions reached 232. Some 300 Bamako Initiative centres were established, with UNICEF support including supplies of anti-malaria drugs and protective bed-nets. Supplementary food and water supplies were provided as part of large-scale assistance to drought-affected areas and in urban slums. A major assessment of the education sector was undertaken and early childhood education teachers continued to be trained. A new Child Law was drafted and HIV/AIDS information materials were widely distributed to youth.

18. However, the number of projects proved too large for effective coordination, resulting in a lack of clarity and focus. Implementation was vertical and poorly coordinated, with an overemphasis on service delivery and the procurement of equipment. There was inadequate involvement of communities and women in decision-making and an over-reliance on UNICEF inputs in some projects. Gender issues and interventions in favour of girls were artificially isolated within the country programme.

19. Although $8.7 million was contributed by donors in 1994-1995, this was geared mainly towards emergency assistance to drought-stricken areas. Only $1 million was received in supplementary funding for the regular programme. Reductions in the general resources allocation, coupled with overexpenditures of $2.4 million in 1994, severely limited the availability of funds for programme implementation in 1995-1996. The MTR noted the effects of the audit findings on donors' confidence in UNICEF Kenya and the need to work towards restoration of that confidence to ensure adequate funding levels for the remainder of the programme period.

20. Assessment of strategies. Against this background, the MTR agreed on the reduction of the geographic focus of the country programme from an original 18 districts to 6. Cooperation has been rationalized into five main programmes: health and nutrition; water and environmental sanitation; basic education, child protection and development; advocacy, communication and social mobilization; and social planning, monitoring and evaluation. The separate area-based, environment and gender programmes have been eliminated, and activities previously supported by them have been incorporated into the main programmes. The HIV/AIDS programme has been incorporated within the advocacy, communication and social mobilization programme, and activities for children in need of special protection have become part of the basic education and child protection programme. The emergency preparedness and disaster management project now forms part of the social planning, monitoring and evaluation programme.

21. The MTR also proposed modifications to the programme strategy aimed at improving effectiveness in reaching the poor. Issues of access, equity, quality and relevance of services will be addressed through decentralization and capacity-building at district and community levels. Through social mobilization efforts, communities will be encouraged to participate in decision-making and progressively to take up ownership of projects. A participatory approach will be adopted in planning and project management, with less emphasis on the provision of supplies. Ensuring strong national ownership of the overall programme of cooperation and promoting complementarity with other external support agencies such as the World Bank will be given much higher priority.

22. The restructured programme will also place more emphasis on child rights. This will include continued advocacy and situation analysis on rights issues and the implementation of activities for the growing number of children and women in need of special protection. Objectives will focus particularly on the most underserved populations in the six focus districts, including urban slum dwellers, rural agriculturalists and pastoral nomads. Gender and urban issues will receive emphasis in all main programme components. Greater attention will be accorded to the girl child, especially in basic education and monitoring.

23. Changes in strategy within individual programmes include a shift from emphasis on early childhood to primary and girls' education, and from service delivery to advocacy and awareness-raising in the programme for children needing special protection. In targeting youth, the HIV/AIDS project will benefit from close collaboration through the Joint United Nations Programme on HIV/AIDS, and with private sector organizations. Increased priority will be given to environmental sanitation and hygiene promotion, especially in slum areas. Social mobilization efforts will use promising communication approaches such as the "Sara" Initiative and will place greater focus on the Convention on the Rights of the Child.

24. CPMP. The management of the country programme was initially characterized by overstaffing and fragmentation of responsibilities between emergency and regular activities. The more focused geographical coverage and reduced staffing complement now in place will be commensurate with the available financial and human resources. Measures will continue to reduce or eliminate non-essential programme support costs and overheads, supported by the rationalized programme and staffing structures. The refocusing of the programme will also permit the allocation of staff responsibilities in a more effective manner and will assist in improving the programme management system. The monitoring and evaluation function will be strengthened and regularized. An evaluation of the Bamako Initiative project will be undertaken in 1997 and there will be a full country programme evaluation in 1998. Indicators of gender balance, cost-effectiveness and sustainability will be specifically monitored. Building on the restructuring of the country programme agreed upon during the MTR, renewed fund-raising efforts will be made by UNICEF and the Government, including through briefings with donor agencies based in Kenya.

Mozambique

25. The MTR of the 1994-1998 country programme was held in July 1996 in Maputo and included the participation of over 200 representatives of government ministries, United Nations agencies, donor embassies and NGOs.

26. The situation of children and women. Mozambique remains one of the poorest countries in the world, with a gross national product per capita estimated at $80. Its international debt stands at around $5.4 billion and has only partly been rescheduled. Following the 1992 peace accords, which ended a prolonged conflict, the country has absorbed some 1.4 million former refugees, placing a great strain on its war-affected social services and economy.

27. With an infant mortality rate estimated by the recent multiple indicator cluster survey (MICS) at 123 per 1,000 live births, and with an estimated MMR as high as 1,500 per 100,000 live births, Mozambique has some of the worst social indicators in the world. Major causes of child mortality are malaria, diarrhoeal diseases, acute respiratory infections, measles and malnutrition. Currently, the physical and human resource infrastructure, weakened by the war, is inadequate to provide nationwide access to good -quality basic health services. There have been major efforts in the area of child immunization, with fairly high rates in most cities and provincial capitals, and the accessibility of safe drinking water has increased to about one third of the population. Adult literacy is estimated at around 40 per cent, but among women at only one fifth. Since national reconstruction efforts began in 1993, the number of primary school classrooms has risen by one sixth. However, teaching staff have increased by only 9 per cent as compared to a 13 per cent rise in the number of students, and primary school enrolment and progression rates remain very poor.

28. Major achievements and constraints. In view of the rapidly changing national context and the move from widespread conflict to post-war rehabilitation, the country programme for 1994-1998 was designed explicitly as an adaptive programme, to be based on a series of one-year rolling plans which defines targets for each year within a guiding five-year framework. In close collaboration with government counterparts, UNICEF has introduced a programme planning system in which expenditures are related to the output of activities in a chain structure. An annual work plan is established with the Government, followed by quarterly reviews of each programme component.

29. The Government's ratification of the Convention on the Rights of the Child in 1994 provided the opportunity for work to begin with the Ministry of Justice, the Supreme Court and the University to review existing national legislation in light of the principles of the Convention. Meanwhile, in the health sector, support to the national immunization programme was continued on the basis of decentralized planning in 8 of the 10 provinces. A special vaccination initiative was undertaken in partnership with NGOs in the province of Sofala, which had been seriously affected by the war. UNICEF has traditionally supported the supply of essential drugs, a practice which extended into the early part of the current programme, funded by a substantial grant from the United States Agency for International Development. In 1996, the essential drugs programme began to receive major bilateral support from the Government of the Netherlands, while UNICEF reoriented its assistance to the areas of logistics, materials development and training in the rational use of drugs.

30. Major progress was registered in the iodization of salt in the first half of the current programme. Following the launch of the universal salt iodization initiative by the Prime Minister, more than 40 per cent of all salt produced in Mozambique is now iodized. Legislation in support of the initiative was expected to be approved by the Cabinet in late 1996. More limited progress has been made under the Baby-Friendly Hospital Initiative. Cooperation in the water and sanitation sector benefited from large grants from the Governments of Austria, the Netherlands and Norway. The programme continued to provide safe water in Nampula and Zambezia provinces and to promote rural and peri-urban sanitation through support to local latrine construction. Meanwhile, the education programme began to place greater emphasis on girls' education, with the support of a grant from the Government of Canada. A national mobilization seminar on girls' education was held, training was initiated at provincial and district levels, revision was begun of non-formal education materials for girls out of school, and a working group was established by the Ministry of Education to lead further activities in this project area. The peace education project within the programme for children in need of special protection was reformulated to benefit disadvantaged youth and to focus on literacy and vocational training, family reunification and trauma counselling following the cessation of conflict.

31. Based on a major contribution from the Government of Italy, UNICEF supported an emergency programme for the reconstruction of health posts and classrooms in the central Manica and Zambezia provinces, which was completed on a timely basis. However, national rural rehabilitation efforts, including many specific project activities, continue to be hampered by the presence of land-mines. In districts where the programme of cooperation is supporting area-based projects, UNICEF has arranged with the private sector and NGOs to carry out localized de-mining operations in the vicinity of schools and health facilities.

32. The limited capacity of the public sector continues to be a major constraint to programme implementation across sectors, with chronic shortages of qualified personnel at all levels of Government. A further constraint faced by the programme, affecting particularly the off-shore procurement of goods not originating from Copenhagen, has been the regulation pertaining to the pre-shipment inspection of imports. The United Nations agencies supporting Mozambique have drafted a letter of intent that would exempt them from this requirement.

33. Assessment of country programme strategies. The adaptive planning approach used by the country programme proved its usefulness as Mozambique moved rapidly from emergency to rehabilitation. As previously inaccessible districts opened up, UNICEF was able to address the emerging service needs of the local populations. Other modifications have been made to programme strategies in order to make use of emerging opportunities and to promote a more cost-effective approach. Support has been increased for in-country training in preference to external courses, especially in the health and education programmes. Activities promoting the empowerment of women, which were initially limited to the women in development project, have been extended to other programmes. The support of the country programme to decentralized planning and management was initially more successful in the health system. However, policy trends in favour of decentralization have now emerged in other sectors, particularly education and social welfare, and the programme gradually will increase its support for them.

34. As noted above, UNICEF advocacy in Mozambique has been particularly effective in promoting salt iodization and a stronger policy focus on the education of girls. Meanwhile, through tripartite agreements with the Government and UNICEF, NGOs are taking the lead in efforts to support disadvantaged youth. UNICEF has initiated support to the capacity of national NGOs and network organizations working for social rehabilitation.

35. Conclusions of the mid-term review. The MTR concluded that UNICEF should continue its support to the health programme as defined in the master plan of operations, with strengthening as appropriate. Meanwhile, the Ministry of Health will undertake a review of the role of each donor supporting the sector in order to promote a more integrated National Health Service. The national strategy of decentralization in the health sector, supported by UNICEF in both the present and previous programmes, was reconfirmed. In water and sanitation, the need was identified to strengthen the participation of women and the components of capacity-building, information, education and communication.

36. The MTR further concluded that the education programme should continue to support the construction of classrooms in selected areas, while intensifying its focus on girls' education. In addition, support to health education in schools will be reactivated. Civic education and advocacy for child rights will receive further emphasis for the remainder of the programme, which is expected to lead to a national Code for Minors. UNICEF was also requested to assist in the development of a national disaster preparedness plan.

COUNTRY PROGRAMME AND REGIONAL EVALUATION WORK

37. Almost all country programmes in Eastern and Southern Africa now have an integrated monitoring and evaluation plan. However, the implementation rate of planned evaluations is variable and typically is around one half at present. During 1995-1996, with priority given in most countries to MICS for monitoring the mid-decade goals, evaluation activities tended to receive less emphasis. This is expected to change in 1997-1998, and the regional office will place priority on supporting and strengthening country programme evaluation work through its own work plan. Support to forthcoming MTRs will also receive priority attention, and examples of good practice in the review process will be widely disseminated.

38. Major evaluations to be undertaken in the region during 1997-1998 are expected to focus on the efficacy of capacity-building strategies and empowerment objectives, often in the context of decentralized programmes. Efforts also will be made to build on the positive experience of the 1994 comprehensive evaluation of the Malawi country programme by replicating this exercise and methodology in other countries. Issue-specific and thematic evaluations will be supported and disseminated through the technical networks that operate under the aegis of the Regional Management Team. An overall regional strategy for strengthening programme evaluation has been prepared.

Evaluation of social and economic policy work in Zimbabwe

39. UNICEF support to social and economic policy-making has increased since the introduction of structural adjustment programmes in the 1980s, with an emphasis on advocacy based on strategic analysis. Zimbabwe offers an excellent case for assessing UNICEF contributions to social and economic policy at country level. Following significant economic policy changes in the early 1990s, the UNICEF country office became increasingly concerned about the potential effects on children and women. A series of studies and survey activities was initiated as part of the country programme in an effort to monitor the social impact of the reforms and to assist ongoing policy design and decision-making.

40. An internal evaluation of this experience was undertaken by headquarters and regional office staff in September 1995 to identify broader lessons for UNICEF economic and social policy work. The evaluation team documented a series of important contributions made by the country programme to the evolution of national policies during the initial period of economic reform. An analysis of trends in public expenditure revealed a dramatic drop in real per capita allocations to the social sectors. This led to government efforts to restore real levels of spending. An examination of the compensatory Social Development Fund concluded that the majority of intended beneficiaries were not gaining access, and the Fund's procedures were subsequently adjusted. A study of the new structure of user charges in the health sector, supplemented by data from sentinel site surveys and hospitals, indicated that the access of the poor to basic services was being constrained. User charges were subsequently relaxed in rural areas. An analysis of the liberalization of maize marketing revealed that it had stimulated the consumption of more nutritious blends.

41. The evaluation found that by supporting these initiatives between 1991 and 1995, UNICEF was able to participate as a credible and constructive partner in the national policy debate on the economic reforms and as an effective advocate for children. This work was done at relatively little cost, but could have had even more impact if there had been closer linkages with the Ministry of Finance and the International Monetary Fund. The evaluation concluded that analysis related to economic policies can be effectively supported by UNICEF without large budgets provided the studies are well designed and managed, are supported by a core level of in-house technical capacity, and make good use of available national expertise. A number of the specific studies supported in Zimbabwe are now being replicated in country programmes elsewhere in the region, with technical backing from the regional economic and social policy network.

Evaluation of user charges under the Bamako Initiative in Madagascar

42. The overall aim of this evaluation, undertaken by the Ministry of Health with UNICEF assistance in 1996, was to determine the acceptability to service

users of charges at health facilities supported under the Bamako Initiative. Specific objectives included the assessment of actual costs and affordability of essential drugs and identification of problems in the provision of services. The evaluation is part of a series of externally-supported inputs to the new national health strategy in Madagascar. The methodology used was a facility-based survey and analysis. Data were collected from 16 health facilities participating in the Initiative from drug prescription and stock records, maternal and child medical records and activity registers. Questionnaires were administered to people using the facilities and focus group discussions were also held. It was found that service users were generally willing to pay the current fees, except for those related to childbirth. The centres participating in the Initiative were found to be known to the communities, and their major advantage was seen to be the improved availability of drugs. Problems included the low motivation of the management committees, uneven access to participating centres and weak supervision.

43. The evaluation recommended that charges for consultations and prenatal care be left unchanged, but that fees for maternity admissions be reduced. It proposed that pregnant women be encouraged where possible to make monthly savings that would accumulate to cover the costs of their admission. A more standardized system of fees was recommended so that health service users would know their liability in advance. It was also suggested that some incentives be given to local management committee members; that a series of activity indicators be monitored to assess the functioning of the health centres; and that supervision from the central level be provided on a more regular basis.

The Adolescent Girl Communication Initiative

44. The Adolescent Girl Communication Initiative in Eastern and Southern Africa, now widely known as the "Sara" Initiative, is a multi-media communication project which focuses on the problems facing girls in the region. It uses evaluation methods as part of an ongoing process aimed at ensuring that each episode delivers a relevant and effective message to its target audience. The evaluation process takes the form of in-country focus group discussions during which participants examine the materials drafted for use in the Initiative. An evaluation of possible themes, story lines and concepts is carried out through consultations with national professionals in the participating countries. This is followed by field pre-testing with selected groups, which covers the credibility of the story, education potential, entertainment value, characterization, cultural sensitivity and suggestions for improvement. A regional meeting is then convened in which each country's research findings are reviewed and decisions made for further development on a regional scale. The evaluation process continues through the pre-production and post-production stages and incorporates audience feedback.

45. The first cartoon book and video episode of the Sara Initiative, launched in mid-1996, focused on girls' education. The Initiative will continue to incorporate the findings of country-level research. For example, a study in two provinces of Zambia in September 1996, supported by UNICEF, provided important insights into the situation of children who have lost parents to HIV/AIDS and the needs of those providing care to orphans. Future episodes of the Initiative, currently in the design or production stage, will address the issues of HIV/AIDS, sexual abuse, female genital mutilation and early marriage.